

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

**318**  
**FILED AUG 13 1962**

Primary Registration District No.

**1003**

Registrar's No.

**7680**

STATE FILE NUMBER

**=62-029042**

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                                  |   |                                      |
|--|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY                                    |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |                                  | Length of stay in lb<br><b>16 yrs</b>   |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>4816a Leduc</b>   |                                      |
| 3. NAME OF DECEASED<br>(Type or print) First <b>Willie</b> Middle <b>Perry</b> Last <b>Perry</b>   |                                  | 4. DATE OF DEATH<br>Month <b>8</b> Day <b>3</b> Year <b>62</b>  |                                      |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/19/1900</b> |
| 9. AGE (last birthday)<br><b>62</b>  |                                  | 10. IF UNDER 1 YEAR<br>Months <b>2</b> Days <b>14</b> Hours <b>14</b> Min.  |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Construction Co.</b>  |                                      |
| 11. BIRTHPLACE (City and state or country)<br><b>Yazoo City, Miss.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                                      |
| 13a. FATHER'S NAME<br><b>James Perry</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Angelina Crump</b>  |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><b>Martha Perry</b>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |                                      |
| 16. SOCIAL SECURITY NO.<br><b>331X</b>   |                                  | 17. INFORMANT<br><b>Clarence Perry, 4816 Leduc</b>  |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>   |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b>   |                                      |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                           |                                      |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |                                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                      |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                      |
| 20c. TIME OF INJURY<br>Hour <b>11:50</b> a.m. <b>11:50</b> p.m.<br>Month, Day, Year <b>7-31-62</b>   |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                      |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis County, Mo.</b>  |                                      |
| 21. I attended the deceased from <b>7-31-62</b> to <b>8-3-62</b> and last saw him alive on <b>8-3-62</b><br>Death occurred at <b>11:50</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |                                  | 22a. SIGNATURE<br><i>Willie Perry</i> (Degree or title)   |                                      |
| 22b. ADDRESS<br><b>2601 N. Whittier St.</b>  |                                  | 22c. DATE SIGNED<br><b>8-4-62</b>   |                                      |
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 23b. DATE<br><b>8/7/62</b>  |                                      |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood Cemetery</b>  |                                  | 23d. LOCATION (City, town, or county)<br><b>St. Louis County, Mo.</b>   |                                      |
| 24. FUNERAL DIRECTOR<br><b>Charles J. Gates, 4107 Finney</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>AUG 6 1962</b>   |                                      |
| 26. REGISTRAR'S SIGNATURE<br><i>Earl Smith</i>   |                                  | 27. REGISTRAR'S SIGNATURE<br><i>M.D.</i>  |                                      |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Raymond Dickson, Student Embalmer No. 665

working under my personal supervision.

Student

Raymond Dickson  
Signature of Student Embalmer

Signed

Guylford Swann

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.